

## **Childhood Trauma and Behaviour Problems Among Adolescents: Mediating Role of Experiential Avoidance**

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Childhood trauma refers to adverse events that occur during the developmental stages of one's life. Such experiences can jeopardize an individual's personality development and create a pathway for involvement in various behavioral problems. Adopting avoidant coping strategies seemed to be the most common practice among trauma-exposed adolescents. The present study aimed to examine the mediating role of experiential avoidance between childhood traumas and behavioral problems. The present research used a purposive and convenient sampling technique to collect data from different schools in Pakistan. Young adolescents ( $N = 200$ ) with an age range of 12-18 years ( $M = 14.70$ ,  $SD = 1.74$ ) completed self-reported of Childhood Trauma Questionnaire Short Form, Strength and Difficulty Questionnaire, and Acceptance and Action Questionnaire. Results of the analyses suggested that childhood traumas significantly influence behavior problems of adolescents through experiential avoidance of traumatic events. Experiential avoidance could help in reducing the impact of childhood trauma on behavior problems. Therefore, these findings could be beneficial in theory-building and designing intervention-based programs for childhood trauma victims.

*Keywords.* Childhood trauma, behavior problems, experiential avoidance

Childhood trauma is any negative event that children face during their developmental years and has long-term consequences for their physical, emotional, and mental well-being (De Bellis & Zisk, 2014;

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Downey & Crummy, 2021). These traumatic events include abuse (physical, emotional, and sexual), neglect (physical and emotional), parental substance misuse, or the death of a parent or loved one (Herrenkohl & Herrenkohl, 2009; Fernandes et al., 2021). These traumatic events (i.e., earthquakes, car accidents) and household dysfunctions (i.e., witnessing paternal arguments, death of a loved one) (Yin et al., 2019) impact the cognitive development and functioning of a child to his later years of life (Margolin et al., 2010; Wang et al., 2021) and result in a wide range of behavioral (Downey & Crummy, 2021; McLaughlin et al., 2020; Roche et al., 2018; Wang et al., 2018), emotional, and social issues (Downey & Crummy, 2021; Makwana, 2019).

Both internalizing and externalizing behavior problems appear to be the prominent outcomes of childhood trauma (Kim et al., 2021; Ogundele, 2018). Traumatized children seem to internalize their feelings and display behaviours such as anxiety, sadness, withdrawal, or low self-esteem (Li et al., 2023; Liu et al., 2011). As trauma impairs a child's capacity to regulate and express emotions. This emotional imbalance leads to the internalization of behaviours (El Zouki et al., 2022). Similarly, passive aggression, antisocial behavior, anxiety, depression, and problematic interpersonal interactions are all prevalent behavioural problems associated with childhood maltreatment (Copeland et al., 2018; Daines et al., 2021; Martinelli et al., 2018).

Trauma affects child's self-perception (Chien & Lau, 2023) and contributes to number of behaviours including poor self-esteem, self-blame, and feelings of guilt or shame (Budiarto & Helmi, 2021). Children who have faced traumatic events are hyperaware of risks and hence remain on guard and expect danger, this state of hyper-arousal and hyper-vigilance can give rise to anxiety disorders and other internalizing behaviours (Hawkins, 2019; Pelletier, 2020). The constant or excessive exposure to traumatic events directly affects adolescent and adult functioning, urging them to adopt avoidant coping strategies (i.e., experiential avoidance) (Downey & Crummy, 2021; Heffer & Willoughby, 2017; Kim et al., 2021; McLaughlin & Lambert, 2017) resulting in withdrawal, isolation, or social anxiety (Matheson et al., 2020; Sweeney et al., 2018).

Coping mechanisms are wide range of methods and strategies that people use to cope with stress, emotions, and other life issues (Allen & Leary, 2010; Freire et al., 2020; García et al., 2018). Avoidant coping mechanisms have been observed to be the standard practice after intense exposure to trauma (Freire et al., 2020; Kim et al., 2021). It has been established that childhood trauma inspires a

youngster to acquire behaviours that bring rapid solace (De Bellis & Zisk, 2014; Downey & Crummy, 2021). When a youngster is subjected to trauma, they feel overwhelmed and unable to cope with the overpowering feelings that occur, which leads to the adoption of avoidance as a coping mechanism to deal with such disturbed mental state (Powell et al., 2021). These behaviours, termed *experiential avoidance*, are defined as the unwillingness to be in contact with internal experiences (thoughts, emotions, memories, or bodily sensations) and an attempt to change, alter, or control such experiences (Schmalz & Murrell, 2010; Spinhoven et al., 2017). Avoidant coping can manifest itself in a variety of ways, including avoiding circumstances or persons that elicit unpleasant emotions, repressing emotions, or indulging in other dangerous behaviours to escape painful sensations (Eggert et al., 2024, Rosenbaum et al., 2021).

Individuals who have previously experienced a traumatic incident are more prone to employ avoidance methods to regulate or repress uncomfortable thoughts and sensations (Cherewick et al., 2016; Iyadurai et al., 2019; Wisco et al., 2013). Unfortunately, these avoidant methods, which lead to self-destructive or depressed behaviours, are not rare, since a child's participation in experiential avoidance serves as an attempt to place them in a safe state (Nielsen et al., 2016; Spinhoven et al., 2015). Thus, it is established that experiential avoidance not only reduces the effects of early trauma but also stimulates participation in different self-destructive behaviours (Kingston et al., 2010; Roche et al., 2018), including higher symptoms of social withdrawal, depression, anxiety, or aggression (Creaser et al., 2022; Roche et al., 2018).

Children who have experienced physical abuse may develop aggressive behavior as a defense mechanism to avoid distressing situations (Al Odhayani et al., 2013; Rakovec-Felser, 2014). In contrast, the victims of sexual abuse utilize social withdrawal to lead an everyday life without the fear of past experiences (Trickett et al., 2011; Walsh et al., 2010). However, emotionally abused and neglected children tend to experience higher symptoms of depression and anxiety (Negele et al., 2015; Radell et al., 2021). Experiential avoidance is viewed as a mediator between childhood traumatic experiences and the behavioural problems (Roche et al., 2018). The present research aims to assess this association across various forms of childhood trauma among Pakistani adolescents.

The proposed framework was also studied in light of *Attachment Theory*; early childhood events, including trauma, can impact the development of secure or insecure attachment types (Cassidy et al.,

2013; Dagan et al., 2021). Traumatized children tend to develop insecure attachment patterns, such as anxious or avoidant attachment, which can contribute to internalizing behavior problems. Experiential avoidance, the avoidance or suppression of uncomfortable thoughts or feelings, has also emerged as a coping method for coping with the emotional discomfort associated with insecure attachment (Mikulincer & Shaver, 2012; Trucharte et al., 2022). Furthermore, the phenomena are studied according to the *Learned Helplessness Theory*, people who are subjected to uncontrolled and inescapable unpleasant occurrences may acquire a sense of helplessness and the perception that their actions have no influence on their circumstances (Ackerman, 2019). Repeated exposure to painful situations without apparent control or opportunity to escape can lead to learned helplessness in traumatized children. Internalizing behavior problems and a sense of powerlessness commonly occur in traumatized youngsters leading to learned helplessness (Liu et al., 2011). They may feel unable to cope with or modify their upsetting feelings, which can lead to symptoms like despair, anxiety, and withdrawal (Liu et al., 2019). Learned helplessness can undermine their confidence in their own abilities and restrict their willingness to seek assistance or actively engage in coping strategies.

Understanding the cultural background, childhood trauma is not a sin or the fault of the child, although it is seen as such in Pakistani culture. Parents and family members tend to beseech youngsters to remain silent upon a tragic occurrence, telling them to forget and move on for the sake of family honor and dignity (Butt, 2015; Reporter, 2020). Evidently, the taboo status of childhood trauma (Mangat, 2018), limited to none, societal support (Ali, 2018), and weak justice system (i.e., long, and expensive procedure) (Tanvir, 2021) mainly discourages the child from reporting or talking about the traumatic events. Consequently, all these factors increase the chances of a child developing different coping mechanisms to cope with the traumas and sometimes consciously avoiding the event.

The recent statistics (2019-2021) of child abuse (2,938 cases), behavioural problem (15.9 %), non-child-friendly support system, and the concept of childhood trauma as a non-communicable topic are the primary motivators to examine and introduce the protective factors that can heal the harms of childhood trauma. Hence, considering the role of experiential avoidance in reducing the impact of childhood trauma, the present study aims to extend the literature by exploring experiential avoidance as a mediator for this association.

Although numerous studies have examined the effects of childhood trauma on emotional and behavior outcomes, limited

research has focused on the mechanisms underlying these associations among adolescents in non-Western contexts, particularly within Pakistan. Cultural taboos surrounding trauma and the lack of open discussion or mental health support may shape the coping strategies children adopt following traumatic experiences. Therefore, it is crucial to explore how experiential avoidance functions as a mediating factor linking different forms of childhood trauma to behavior problems in Pakistani adolescents. This study specifically focuses on adolescents aged [insert your age range] and assesses multiple trauma types (i.e., abuse, neglect, household dysfunction) to provide culturally relevant evidence for interventions aimed at improving emotional and behavioural adjustment following trauma. Thus, according to this review we expect the following hypotheses:

1. Childhood trauma will have a positive association with behavior problems and experiential avoidance.
2. Experiential avoidance will mediate the association between childhood trauma and behavior problems.

## **Method**

### **Procedure**

Ethics request was submitted to the Ethics committee of the primary authors University in Pakistan and after the ethics approval the project officially launched. The purposive sampling method was used to recruit school children from target schools and colleges (both public and private) in Rawalpindi and Islamabad, Pakistan. A total of 14 public and 186 private schools were included in the study. The higher proportion of private schools was due to their greater accessibility and willingness to participate, as well as administrative constraints and limited permissions from public school authorities during the data collection period. The permission for data collection was granted from school authorities and parents through a written consent and ascent form.

### **Participants**

Schoolchildren from grades six to twelve ( $N = 200$ ) participated in this study. Schoolchildren responded to research surveys after the research team explained them the purpose of the research. They were further assured that in case of any discomfort they can leave the study whenever they wish. In case of any inconvenience caused by the survey, the research team assisted them.

## Measures

### *Acceptance and Action Questionnaire II*

Acceptance and Action Questionnaire II (AAQ-II) developed by Bond et al. (2011) was used to measure experiential avoidance with the targeted audience of age 12-18 through seven items on a 7-point Likert scale (1: *Never True* to 7: *Always True*) with the adequate test-retest reliability ( $\alpha = .81$  and  $\alpha = .79$ ) (Bond et al., 2011) and the overall score ranged from 7 to 49. The higher overall scores indicated higher experiential avoidance, and lower scores indicated lower experiential avoidance.

### *Childhood Trauma Questionnaire-Short form*

Childhood Trauma Questionnaire-Short Form (CTQ-SF) developed by Hagborg et al. (2022) consist of 28 items designed to measure abuse and neglect on a 5-point Likert scale (1 *Never True* to 5 *Very Often True*) for 12 years and older children. CTQ-SF contains six subscales; three for Abuse (emotional, physical, and sexual), two for neglects (emotional and physical) and a minimization/denial subscale to check for extreme response bias. Each subscale has five items except minimization/denial, with three items. The test-retest reliability ranged from .79 to .81. Cronbach alpha value of the full scale was .91, and for the physical abuse was .69), emotional abuse was .83, sexual abuse was .94, physical neglect was .58 and for emotional neglect was .85 The score range of all sub-scales is from 5 to 25, the range of the minimization/denial scale is from 0 to 3, and the total score ranges from 5 to 125, with a higher score indicating higher severity of childhood trauma and a lower score indicating less severity of trauma. However, considering the five-factor analysis (emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect), three items of Minimization/Denial were excluded from the comprehensive analysis of abuse and neglect.

### *Strength and Difficulty Questionnaire*

The strength and Difficulty Questionnaire (SDQ) is a self-administrated scale developed by Goodman (1999) used to measure adolescent behavior and emotional functioning through a 3-point Likert scale (0 = *Never True* to 2 = *Certainly True*). The scale consists of 25 total items. However, internalizing behavior problems were assessed through 10 items internalizing behavior problem subscale of SDQ. The scores ranged from 0 to 10. Higher scores indicated more internalizing severe problems, and lower scores indicated a lower level of internalizing behavior problems. The scale has a test-retest stability of .63 and Cronbach Alpha of .73 (Goodman, 1999).

## Results

Overall, 200 participants (including 110 boys and 90 girls), participated in the study. 52% of participants belonged to nuclear family system and 93% studied in private schools. 31.5% reported that they experienced childhood trauma, and a relative proportion of 29% did not want to answer the question. Additionally, when the adolescents were asked if they knew anyone with a childhood trauma history, 51.5% indicated that they know.

The psychometric analysis revealed good to excellent Cronbach alpha reliabilities of scales and subscales of the study variables ranged from .63 to .90.

Table 1 illustrates a significant positive association among all study variables. However, the experiential avoidance indicated a non-significant association with physical abuse (sub-scale of childhood trauma). As Table 1 tabulates, there is a positively statistical relationship between total childhood trauma and experiential avoidance ( $r = .28, p = .01$ ). Also, behavior problems were positively associated with experiential avoidance ( $r = .25, p = .01$ ). In addition, the association between total childhood trauma and behavior problems was found statistically positive and significant ( $r = .24, p = .01$ ).

**Table 1:** Correlation Between Study Variables ( $N = 200$ )

Variables	1	2	3	4	5	6	7	8
1 Experiential Avoidance	-							
2 Emotional Abuse	.27**	-						
3 Physical Abuse	.01	.25**	-					
4 Sexual Abuse	.28**	.61**	.14*	-				
5 Emotional Neglect	.24**	.47**	.17*	.53**	-			
6 Physical Neglect	.32**	.55**	.19**	.65**	.60**	-		
7 Childhood Trauma	.28**	.77**	.58**	.76**	.72**	.78**	-	
8 Internalising Behaviour Problems	.25**	.22**	-.01	.26**	.18**	.28**	.24**	-
<i>M</i>	24.25	13.12	16.32	9.84	14.55	12.45	67.5	8.64
<i>SD</i>	9.10	4.66	6.21	4.80	4.84	4.86	18.2	3.43
$\alpha$	.74	.70	.90	.83	.71	.68	.89	.72

**Table 2:** *Indirect Link Between Childhood Trauma & Internalizing Behaviour Problems Through Experiential Avoidance (N = 200)*

Relationship (IV →M →DV)	Total Effect	Direct Effect	Indirect Effect	CI (Lower)	CI (Upper)	Conclusion
	B (p Value)	B (p Value)	$\beta$			
1 Emotional Abuse →Experiential Avoidance →Internalising Behaviour Problems	.20 (.002)	.15 (.002)	.05	.01	.11	Partial mediation
2 Sexual Abuse →Experiential Avoidance →Internalising Behaviour Problems	.23 (.000)	.18 (.003)	.05	.007	.11	Partial Mediation
3 Emotional Neglect →Experiential Avoidance →Internalising Behaviour Problems	.17 (.008)	.12 (.05)	.05	.009	.10	Full Mediation
4 Physical Neglect →Experiential Avoidance →Internalising Behaviour Problems	.25 (.000)	.20 (.001)	.06	.004	.11	Partial Mediation

Table 2 indicates the mediating role of experiential avoidance between childhood trauma (emotional abuse, sexual abuse, emotional neglect, and physical neglect) and internalizing behavior problems. Results indicated significant mediation of experiential avoidance, accounting for 8% variance in emotional abuse, 7% in sexual abuse, 8% in emotional neglect, and 11% in physical neglect, predicting internalizing behavior problems in the presence of experiential avoidance.

### Discussion

This study investigated the relationship between early trauma and internalising behaviour problems. The study established satisfactory reliabilities of all the scales of study variables. The findings proved

both hypotheses of the study, a significant association between childhood trauma and internalising behaviour problems as well as mediating role of experiential avoidance between childhood trauma and internalising behaviour problems among young adolescents.

Experiential avoidance showed a significant positive correlation with all study variables except for physical abuse. Existing literature (Kumaraswamy & Othman, 2011; Lansford, 2010; Lokot et al., 2020) supported the positive impact of childhood trauma on the behaviour of adolescents. However, the non-significant findings could be explained concerning the Asian and Pakistani cultural contexts. The notion of teaching has historically been intermingled with adults' severe attitude towards youngsters (Blazar & Kraft, 2016; Kuppens & Ceulemans, 2018), evidence (Gershoff, 2017; Lau, 2010; Takahashi et al., 2020) posited the indecent use of physical punishment in Asian nations was advocated.

In Asian culture, disciplining a kid via superiority is commonly regarded to be a successful technique (Lansford et al., 2005; Lau, 2010). Regarding the Pakistani aspect, battering is considered the most prominent part of the disciplinary training of a child (Khuwaja et al., 2018; Malik, & Rizvi, 2009). Keeping this in mind, anytime parents are exhausted, upset, or overwhelmed, their ultimate rage is frequently directed at the kid in the form of physical punishment (Durrant & Ensom, 2012; Miller-Perrin & Perrin, 2018). This unjust use of force as a child-rearing approach creates confusion in the minds of young children, making it difficult for them to distinguish between parenting and physical abuse (Sarwar, 2016). Therefore, they rarely consider this abuse as a trauma which explains their inability to develop an avoidance of such events.

All other forms of childhood trauma (emotional abuse, sexual abuse, emotional neglect, and physical neglect) illustrated significant positive associations with internalising behaviour problems. The findings are inclined with the previous literature (McLaughlin et al., 2020; Radell et al., 2021; Roche et al., 2018) suggesting that exposure to trauma is a journey towards engaging in numerous problematic behaviours. However, the findings revealed a non-significant association between physical abuse and internalising behaviour problems. The findings could be justified considering Pakistan's already proposed ideology of strict parenting.

Additionally, experiential avoidance mediated childhood traumas (emotional abuse, sexual abuse, emotional neglect, and physical neglect) and internalising behaviour problems. The findings were in line with the existing literature (Barrett et al., 2010; Bell & Higgins,

2015; Kroska et al., 2018; Roche et al., 2018) indicating that experience of childhood abuse and neglect is associated with a greater tendency to avoid unwanted events (experiential avoidance), which in return tends to develop depression, anxiety, and social withdrawal (internalising behaviour problems). The findings could potentially be further interpreted in Pakistani culture; following the non-supportive and sceptical environment in which traumatic youngsters find themselves hiding and avoiding tactics (experiential avoidance) appear to be the safest option (Farr et al., 2021; Zafar et al., 2020). Seemingly, children take experiential avoidance as a protective hideout and conserve themselves in a shell where they feel less preyed on and safe. However, these extreme efforts to tone down the unwanted events further results in the development of internalising behaviour problems among children.

The present study's findings could contribute to a better understanding of childhood trauma and internalising behaviour problems. Coping strategies are an effective way to mitigate life without living in fear of past experiences. However, avoidant coping strategy such as experiential avoidance can further enhance behaviour problems among adolescents. Considering this, it is imperative to highlight the effect of both adaptive and maladaptive coping strategies in training modules, therapeutic sessions, and awareness programs to help young adolescents in coping with the childhood trauma. The current study's findings also assist in developing prevention and intervention programs to enhance adolescents coping and preventing their involvement in behaviour problems. The present study could contribute to breaking the taboo by spreading awareness among youth through the help of healthcare professionals and academicians. Through this, they would understand that they are not alone and would be able to voice their concerns and find help to cope with their adverse experiences.

### **Future Directions**

The present study provides a pathway for future studies to explore other individual and organizational factors associated with childhood traumas and behavior problems. Hence, these findings can build a baseline for many reliable future studies. The findings could further be utilized to raise awareness among young adolescents to help them mitigate life without fear of the past experiences. Additional research could delve into the correlation between methods of analyzing text (Uludag, 2024) and symptoms of trauma to better understand linguistic patterns that reveal emotional distress.

## Conclusions

The findings yield that young minds are greatly affected by traumatic events. Therefore, it is beneficial to introduce coping mechanisms that help them desensitize towards early life traumas and move forward towards a happy and healthy life. The present study's findings contribute to developing a child-friendly and healthy environment for young generations.

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